STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155277	A. BUILDING **01** B. WING _____	C **09/18/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES HEALTH CARE CENTER	**3301 N CALUMET AVE** **VALPARAISO, IN 46383**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An investigation of Complaint Number IN00155395 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Complaint Number IN00155395: Substantiated, No deficiencies related to the allegation were cited. Survey Date: 09/18/14 Facility Number: 000176 Provider Number: 155277 AIM Number: 100288940 Surveyor: Phillip Komsiski, Life Safety Code Specialist Census: 88 Whispering Pines Health Care Center was found in compliance with 42 CFR Part 483, Subpart B; 410 IAC 16.2 and National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), 2000 edition, Chapter 19, Existing Health Care Occupancies in regard to the investigation of Complaint Number IN00155395. This facility is located in two, two story buildings with walk out lower levels and connected by the "tunnel", a one story corridor. The two buildings, identified as the Pines and the Manor were determined to be of Type II (111) construction, built prior to March 1, 2003 and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 smoke detectors in resident sleeping Rooms # 1 through # 43 and has hard wired smoke detectors supervised by the fire alarm system in all other resident sleeping rooms. The facility has a capacity of 150 and had a census of 88 at the time of this visit. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/24/14.	K 000		